

The Ontario Health Insurance Plan

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GENERAL GUIDE

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FOREWORD

This booklet gives a general outline of the Ontario Health Insurance Plan for Ontario residents, and provides information for newcomers to the province and returning former residents. All information is subject to the current provisions of the Health Insurance Act and Regulations.

Health care is an important concern for us all, whatever our age, wherever we live. Through the Ontario Health Insurance Plan (OHIP), Ontario's residents are covered for a wide range of medical, hospital, and certain other health practitioners' services.

Ontario Health Insurance is designed to help pay for insured services when you are sick or injured. Unnecessary use of medical, hospital or other insured services will add needlessly to the cost of the Plan, so use your Plan wisely.

For further information on any matter concerning your health insurance, telephone, write, or visit your local OHIP office. A list of OHIP offices is on page 32.

The only basic health care insurance

Ontario Health Insurance is the only basic health care insurance available in Ontario to Ontario residents. However, private insurers may provide benefits for services not included in the Plan. Examples of such services will be found under "Services Not Insured" on page 23 of this booklet.

Plan provisions subject to change

The information in this booklet is current at the time of publication and is subject to any subsequent changes made in the provisions of the Plan.

THE PLAN

Ontario Health Insurance is a comprehensive provincial government-sponsored plan of health insurance for Ontario residents. It provides a wide scope of benefits for medical and hospital services; additional benefits are also provided for the services of certain other health practitioners. Residents of Ontario — regardless of age, state of health, or financial means — are entitled to participate. Tourists, transients and visitors to Ontario are not eligible to enrol in OHIP.



TYPES OF COVERAGE

Participation in the Ontario Health Insurance Plan is on a group or direct payment basis, as determined by the following:

Participation on a group basis

Residents of Ontario who are employed where there are 15 or more employees on the payroll must be enrolled in OHIP on a group basis by the employer. This also applies to residents employed where there are from six to 14 people on the payroll and the employer has elected to enrol his/her employees in OHIP.

Although the employer must account for all employees on the payroll, it is not necessary to enrol those who are 65 years of age or over, those who receive OHIP coverage through their spouse, those students who intend to return to school at the end of the employment period, etc. Please check with your employer for further details.

OHIP is also available on a voluntary group basis to organizations such as professional groups, associations, etc. who wish to enrol their members in OHIP. Details are available on request from your OHIP office.

Participation on a direct payment basis

Any resident who is not connected with an employer or an organization through which OHIP is available may enrol individually and pay premiums directly to OHIP on a quarterly basis.



YOUR IDENTIFICATION CARD

Each certificate holder and family is provided with an identification card bearing their Ontario Health Insurance number. This card is to be presented to the hospital, physician, or health practitioner when insured services are needed. Always have this card readily available for use in emergencies, and always quote your number when corresponding with the Plan.

If your card is lost, a replacement may be obtained from the OHIP office in your area, or from your place of employment if you are enrolled in an employer group.

PREMIUMS

Group premiums are billed and remitted monthly, three months before the benefit month to which they apply (i.e., premiums are due in January to cover the April benefit, or in February to cover the May benefit). Persons enrolled on a direct payment basis pay quarterly, three months in advance of the applicable benefit period.

Prepayment is a requirement of any premium-based insurance program. The Ontario Health Insurance prepayment period is beneficial to the insured person since the period of prepaid protection it provides can be valuable in times of unforeseen financial difficulty.

The premium rates* are:	Monthly	Quarterly
Single (one person)	\$28.35	\$ 85.05
Family (two or more eligible persons)	\$56.70	\$170.10

For example, quarterly payment in January covers period April, May, June.

*These premium rates are subject to change.

Eligible dependants

The family premium covers husband, wife and children under the age of 21 years who are: unmarried, not employed, and dependent for support upon the insured person. This would also include an adopted child or one to whom the insured person stands in the position of a parent and for whom a deduction for income tax purposes may be claimed.

Also eligible as dependants are children aged 21 and over who are financially dependent upon the insured person because they are physically or mentally handicapped, provided such children were financially dependent upon that person prior to the age of 21. This does not, however, include the spouses of such children.

HELP IN PAYING YOUR PREMIUM

A reduced income or financial difficulties need not prevent you from having Ontario Health Insurance. There are several ways you can obtain assistance in paying the premiums.

For example:

1. Full premium assistance
2. Partial premium assistance
3. Temporary premium assistance
4. Social assistance, etc.

The following assistance is available if you have lived in Ontario for at least 12 months immediately prior to the period for which you are applying for premium assistance.

Full premium assistance*

Upon approval of your application for assistance, you will receive OHIP coverage without cost to you if:

- you are enrolled for single coverage and your taxable income is estimated at \$3,000 or less in the current year.

- you are enrolled for family coverage and the combined taxable income for you and your spouse is estimated at \$3,500 or less for the current year.

Partial premium assistance*

You will be required to pay only 25 per cent, 50 per cent, or 75 per cent of the regular basic premium if your taxable income is within the limits shown below and your application is approved:

Single: If you are enrolled as a single person and it is estimated that your taxable income for the current year will be:

- between \$3,001 and \$3,500, you pay only \$84.96 a year (\$21.24 quarterly);



- between \$3,501 and \$4,000, you pay only \$169.92 a year (\$42.48 quarterly);
- between \$4,001 and \$4,500, you pay only \$254.88 a year (\$63.72 quarterly).

Family (you and one or more eligible dependants): If you are enrolled as a family and it is estimated the taxable income for you and your spouse for the current year will be:

- between \$3,501 and \$4,500, you pay only \$169.92 a year (\$42.48 quarterly);
- between \$4,501 and \$5,000, you pay only \$339.84 a year (\$84.96 quarterly);
- between \$5,001 and \$5,500, you pay only \$509.76 a year (\$127.44 quarterly).

* Rates and taxable income figures shown above are subject to change.

The Plan will calculate your taxable income by deducting your exemptions from your total income.

Applications for premium assistance are available from any office of the Plan. (See page 32.)

Please . . . always quote your Ontario Health Insurance number when contacting the Plan.

Temporary premium assistance

The purpose of temporary assistance is to provide premium-free Ontario Health Insurance coverage for persons who have not paid and are temporarily unable to pay the required premiums as a result of unemployment, illness, disability or financial hardship, and who do not qualify for any other form of premium assistance. If you wish to apply for temporary premium assistance, contact OHIP when you receive your premium notice and request an Application for Temporary Assistance form, or apply at your nearest OHIP office.

Social assistance

Premium-free OHIP coverage is available to persons who qualify for assistance through the Ministry of Community and Social Services or through their local municipal welfare office. For information, consult your community social worker or local municipal office.

PREMIUM-FREE COVERAGE FOR SENIOR CITIZENS

Effective January 1, 1972, Ontario Health Insurance premiums were abolished for residents of Ontario 65 years of age or over who have lived in Ontario for at least one year immediately prior to making application. Please note that premium exemption is not automatic — you must apply for it.

Residents approaching their 65th birthday must apply for premium-free coverage at that time, through their group, or from the Plan if they pay their premium on a direct basis. Residents who turn 65, and who have applied to OHIP, become eligible for premium-free coverage on the first day of the month in which their birthday occurs. (Also see Ontario's Drug Benefit for Senior Citizens page 31.)

Senior citizens who retire or travel outside the province must spend four consecutive months of each year in Ontario in order to remain eligible for coverage. (See page 24 for more information.)

In the case of married couples, if one partner is under age 65 but the other is over, the insurance may be transferred to the name of the older partner, to qualify for premium-free insurance. The free insurance also provides coverage for eligible dependants. However, in the event of the death of the contract holder, the under-65 year old spouse or eligible dependant will be required to revert to paying premiums, or may be eligible for appropriate premium assistance.

WHEN COVERAGE BEGINS

Uninsured Ontario residents

Coverage begins on the first day of the third month following the month of joining an insured group or of application for pay-direct enrolment. Coverage may be provided retroactively depending on specific circumstances.

Former residents of other Canadian provinces or territories

Persons moving from another Canadian province or territory to take up permanent residence in Ontario become eligible for OHIP coverage on the first day of the third month following their arrival in Ontario, or on the expiry date of their former coverage (whichever is later). Application must be made to OHIP before the first day of the third month following arrival in Ontario. If application is not made within the required time, coverage will not be effective until the first day of the third month following the month in which application is made.

Students who have come to Ontario from another part of Canada to attend an educational institution should check on the particulars of their home province's plan.

Landed immigrants and others

The following groups are exempted from the normal three-month waiting period for coverage, provided they apply immediately after arrival in Ontario or discharge (as applicable). In these cases, coverage will begin on the first day of the month following the month of application or discharge.

Application as:

- landed immigrants
- new residents approved for health care

Arrival as:

- returning landed immigrants
- Canadians returning to Canada to be residents of Ontario

- insured Ontario resident's non-Canadian spouse and children taking up Ontario residence for the first time
- missionaries from Ontario returning after a posting outside Ontario

Discharge from:

- Canadian Forces or RCMP
- Canadian penal or correctional institutions
- Ontario psychiatric facilities

Questions regarding the above or any other situations (i.e., refugees, persons with Minister's permits, employment authorizations) should be referred to your nearest OHIP office. (See page 32.)

CHANGES AFFECTING A SUBSCRIBER'S STATUS

When you marry

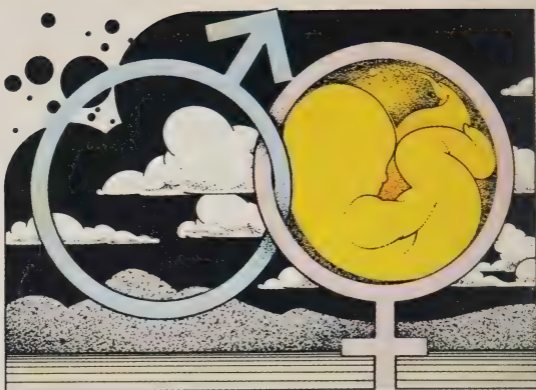
Steps must be taken by the end of the month following the month of marriage to change your insurance to family coverage.

If either husband or wife is insured through a group it is preferred that the family premiums be paid through that group. However, the spouse with group coverage may claim exemption from the group if the family premium is being remitted on a pay-direct basis in the name of the other spouse.

If both the husband and wife are insured through groups at the time of the marriage, the family premium may be paid through either the husband's group or the wife's group. In such cases, the other person claims exemption from his or her own group.

If neither husband nor wife is insured through a group, be sure to advise the Plan of your marriage. Give the date of marriage, and both the husband's and wife's Ontario Health Insurance numbers.

Any change in marital status should be reported to OHIP immediately. This includes marital separation, divorce and common-law marriage.



When you have (or adopt) a child

If you are already enrolled for family coverage, it is not necessary to advise the Plan when children are born or adopted as they are automatically included as dependants. If the adopted child bears a different surname, OHIP must be notified in writing in order to facilitate payment of claims.

A person enrolled for single coverage should immediately arrange for family coverage if a child is to be included as a dependant. If you are enrolled through a group, inform your group of the birth or adoption; otherwise, inform the Plan.

When you become employed

If you have been enrolled on a pay-direct basis and you or your spouse has become employed where there is an insured group, you should transfer the insurance to that group, unless you are eligible for exemption. To ensure continuous protection, give your employer your own or your spouse's Ontario Health Insurance number without delay. Also provide your employer with your pay-direct premium notice, if applicable.

When you change your job

To maintain continuous coverage, it is important to carefully follow the instructions on the Ontario Health Insurance Certificate of Payment (Form 104), which your group is required to give you when you leave.

Pay-direct subscribers should advise OHIP of any change in their mailing address.

CHANGES AFFECTING A DEPENDANT'S STATUS

On reaching age 21, or on marriage, or on becoming fully employed — whichever happens first — a young person normally ceases to be classed as a parent's dependant. (See page 8.)

When a dependant reaches age 21

A dependant ceases to be eligible for coverage under a parent's insurance the first day of the month following the 21st birthday.

To maintain continuous coverage, application should be made to the Plan by the end of the month following the month of the 21st birthday. Applications for direct coverage are available from your OHIP office. (See page 32.)

When a dependant marries

A dependant who marries ceases to be eligible for coverage under a parent's insurance from the first day of the month following marriage.

- If either partner is insured through an employer group, notify the employer regarding the change to family coverage.
- If either partner is insured on a pay-direct basis, notify the Plan, giving marriage date, husband's name, wife's maiden name, present address and OHIP number under which each partner is insured.
- If neither partner has his or her own coverage, obtain an application for direct coverage and apply directly to the Plan for family coverage, giving details.

In all cases, notification must be given by the end of the month following the month of the marriage. (Also see page 13.)

When a dependant becomes fully employed

A dependant ceases to be eligible for coverage under a parent's insurance from the first day of the third month following the date of becoming fully employed. Continuous coverage may be arranged by registering through the employer's OHIP group. If the employer does not have group coverage, application should be made directly to the Plan within 30 days of becoming fully employed.

WHAT OHIP PAYS FOR

Benefits for the professional services of physicians and other health practitioners included in the Plan are available when the person providing the service is duly licensed to practise that profession in the area where the service is received. However, physiotherapists are an exception. A limited number of physiotherapy facilities are recognized by OHIP, when the patient is referred by a medical practitioner.

Ontario Health Insurance benefits are available for medically necessary services received in approved hospitals. These include public general hospitals, hospitals for convalescents and the chronically ill, and Ontario psychiatric hospitals. Benefits are also provided in most private hospitals, but not in health spas and similar facilities.

Physicians' services

The Plan pays for physicians' services that are medically required for you and your eligible dependants. Plan benefits include the following services:

- physicians' services in the home, the physician's office, the hospital or institution
- services of specialists certified by the Royal College of Physicians and Surgeons of Canada
- diagnosis and treatment of illness and injury
- treatment of fractures and dislocations
- surgery
- administration of anesthetics
- X-rays for diagnostic and treatment purposes
- obstetrical care, including prenatal and postnatal care
- laboratory services and clinical pathology, when ordered by a physician

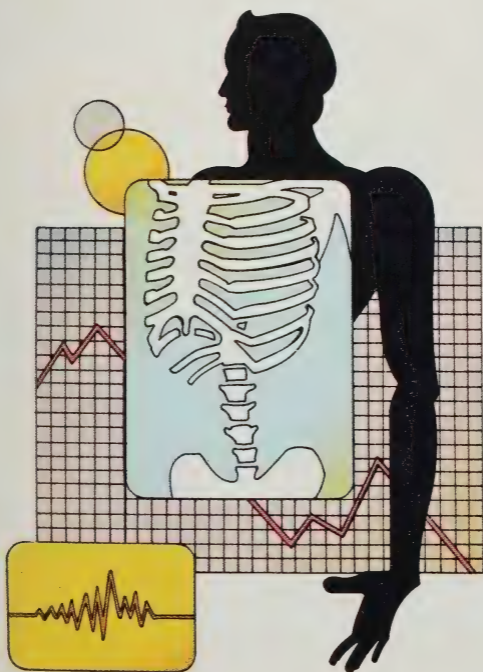
The Plan pays according to an OHIP Schedule of Benefits.

Some physicians do not accept the Plan payment as payment in full. In such cases, you may be required to pay the physician his full fee and recover the OHIP benefit from the Plan. (See page 28 for further information.)

Hospital services

If you are an insured patient treated at an approved hospital by a licensed physician, the Plan covers the cost of the following services, when medically necessary in the diagnosis and treatment of your illness or injury, on an in-patient or out-patient basis:

- standard-ward accommodation
- necessary nursing services, when provided by the hospital
- laboratory and X-ray diagnostic procedures
- drugs prescribed by a physician (except when the hospital visit is solely for the administration of drugs)
- use of operating and delivery rooms, anesthetic and surgical supplies
- use of radiotherapy facilities
- services rendered by any person paid by the hospital
- use of home renal dialysis equipment
- use of home hyperalimentation equipment



In addition, Plan benefits are provided for the following services when prescribed by a physician as a medically necessary course of treatment, and provided in Canada by hospitals approved by the Plan:

- occupational therapy
- physiotherapy
- speech therapy
- audiology

Extended health care (nursing homes and homes for the aged)

Where an insured person who has been residing in Ontario for one year or longer requires continuing nursing services and regular medical supervision in a participating chronic care hospital, nursing home, or home for the aged, the Plan will provide benefits toward the approved standard-ward costs of such care. Eligible patients will be requested to pay a portion of the daily standard-ward costs as established by legislation, plus any additional charges for preferred accommodation if a private or semi-private room is required. Residents in the Toronto area can telephone 965-1505 for additional details about the Extended Health Care Program. Residents outside the Toronto area can telephone their local health unit or health department, or contact the Ministry of Health at (416) 965-1505.



Home care

Patients whose physicians prescribe additional health-care services may be able to have these services provided in their homes. The availability of home care services could change the necessity of admission to hospital, or mean early discharge from hospital. To be eligible for this benefit, a patient's home situation and health condition must meet specific criteria. Patients can enter a home care program only when the doctor specifies that at least one professional health service is needed. The doctor applies for home care on behalf of the patient.

For more information, please telephone the Ministry of Health Home Care Program at (416) 963-1360 or write:

Home Care Program
7 Overlea Boulevard, 4th Floor
Toronto, Ontario
M4H 1A8

(For information about premium-free coverage for senior citizens see page 11, and for Ontario's Drug Benefits for Senior Citizens see page 31.)



Ambulance services

(a) Land ambulance — in Ontario:

To qualify as an OHIP benefit, use of a land ambulance must be confirmed as having been essential by a physician, a designated hospital official or another person authorized by the Plan. Any person may call for the use of an ambulance providing it is medically necessary and appropriate to use that service. To qualify as an insured benefit, the ambulance must be supplied by a licensed ambulance service within the province of Ontario. If the use of an ambulance is medically necessary, an insured person is required to pay \$22 for a land ambulance trip. (Rate is subject to change.)

(b) Air ambulance — in Ontario:

Use of an air ambulance must have prior approval. The use of an air ambulance within Ontario can be obtained by placing the request with any provincial ambulance service, or a licensed physician, who will obtain the proper authorization from the central authority.

The cost for a medically essential in-province air ambulance is \$22, including connecting land ambulance. (Rate is subject to change.)

(c) Air and land ambulance — out of province:

OHIP will reimburse up to a maximum of 75% of the invoiced amount charged for medically necessary use of an ambulance.

To claim the cost of ambulance service outside of or when returning to Ontario, there must be a demonstrated need for the patient to be confined to a stretcher and/or for medical personnel to accompany the patient during the journey.

Reimbursements for repatriation are eligible only when the patient requires re-admission to hospital in Ontario.

The medical certificate required must confirm the transfer as necessary and appropriate.

Additional information and assistance can be obtained by calling (416) 669-2900.

(d) Uninsured ambulance trips (land and air):

Should a land ambulance be used by an uninsured person or when it is not medically essential, the user will be liable for \$44 for a land trip plus \$1.10 per kilometre over 40 kilometres. Non-essential or uninsured usage of an air ambulance is not an OHIP benefit and is not reimbursed.

Additional information may be obtained by contacting Central Air Ambulance Dispatch at (416) 669-2900.

Dental care in hospital

Dentists' fees for a specific list of procedures are covered by an OHIP Dental Schedule of Benefits when they are:

- performed in an approved hospital; and
- performed by a dental surgeon who is a member of the hospital's staff.

The purpose of the OHIP Dental Schedule of Benefits is to provide coverage of certain specified dental services rendered in a hospital. The dentist's or oral surgeon's fees may be higher than the amount payable by OHIP. Please note that private dental insurance does not pay the difference in cases where OHIP has covered part of the cost of dental surgery in hospital. The difference is the responsibility of the patient.

Hospital charges for the above services are covered. Anesthetists' fees are covered up to the amount listed in the OHIP Schedule of Benefits.

Benefits are not provided for the surgical removal of teeth unless:

- impacted teeth are to be extracted from two or more quadrants of the mouth; or
- hospitalization is medically necessary and prior approval has been obtained from the General Manager of OHIP.

Your dentist or oral surgeon can advise you if scheduled dental procedures to be performed in a hospital are payable by OHIP and what, if any, portion of the bill will be your responsibility.

The Plan does not pay for any dental benefits provided in dentists' offices or in any facility other than an approved hospital.

Assistive Devices Program

The program became operative on July 1, 1982. The plan provides limited assistance towards the purchase of prosthetic (e.g., artificial leg) and orthotic devices (e.g., leg braces) as well as wheel chairs, hearing aids, etc. Only Ontario residents who are 18 years of age or younger are eligible for this program. Details of the program may be obtained by telephoning toll free 1-800-268-6021 or writing:

Assistive Devices Program
7 Overlea Blvd., 4th Floor
Toronto, Ontario M4H 1A8

Optometrists

OHIP pays for visual assessments when rendered by an optometrist. These services are paid at the approved fee rates. Other services of optometrists, such as contact lens fittings, the cost of contact lenses themselves, and the cost of eyeglasses, are not OHIP benefits. Most optometrists submit their accounts directly to the Plan for payment. An optometrist accepting payment directly from the Plan is not permitted to bill the patient any additional amount for this service.

Physiotherapists

Physiotherapy services, when rendered in a hospital or through the out-patient department of a hospital, are benefits of OHIP. Private physiotherapy services are covered by OHIP only when ordered by a medical practitioner and when rendered through certain specified facilities that are approved for OHIP payment. Other private physiotherapy facilities bill their patients directly. (OHIP does not pay for the services in these facilities.) Your OHIP office can advise you on the availability of physiotherapy services at OHIP rates.

Other health services

If you receive any of the health services listed below, the Plan will provide benefits for essential care up to the maximum amounts indicated. Benefits are paid on a per visit basis; part payment may

be required from the patient. (The dollar maximums apply to a 12-month period beginning July 1 each year and ending June 30 of the following year.)

Chiropractors

OHIP coverage* is limited to a maximum of \$175 per year per person in total, although up to \$25 of the total may be used for X-rays if necessary. However, the total benefit, including X-rays, may not exceed \$175 per year. Benefits are paid on a per visit basis; part payment may be required from the patient.

Osteopaths

For osteopathic services in an office, institution or home, OHIP coverage* is limited to a maximum of \$125 per year per person in total, although up to \$25 of the total may be used for X-rays if necessary. However, the total benefit, including X-rays, may not exceed \$125 per year. Benefits are paid on a per visit basis; part payment may be required from the patient.

Chiropodists (Podiatrists)

OHIP coverage* is limited to \$105 per year per person for specified services. The total amount for X-ray services per insured person per year is \$30. If X-rays are not necessary, the \$30 benefit may not be used for other specified services.

* The above rates for chiropractors, osteopaths, and chiropodists (podiatrists) are subject to change.

SERVICES NOT INSURED

- any hospital charges for private or semi-private accommodation
- in-province hospital visits solely for the administration of drugs
- charges for dental care, except as specified on page 21 of this booklet
- eyeglasses, artificial limbs, crutches, special braces and other such aids except as designated by the Assistive Devices Program. (See page 22.)
- private-duty nursing fees
- drugs prescribed and taken home on discharge from hospital
- transportation charges other than approved ambulance service

- physiotherapy services rendered by private physiotherapy facilities not approved by the Plan
- medical examinations or certificates required for applications for employment or the continuance of employment, life insurance, or admission to camps or recreational activities
- cosmetic surgery, except with prior OHIP approval
- acupuncture
- psychological testing, except in hospital
- any health service other than those provided by approved hospitals or practitioners as specified in this booklet

OUT-OF-PROVINCE COVERAGE

The Plan pays for the benefits specified below for insured Ontario residents travelling outside the province. The Plan should be notified whenever departure from the province is planned for an extended period (three months or longer).

Within Canada

(a) Hospital benefits:

The Plan pays the full hospital charges for insured in-patient or out-patient services (including standard ward room and board, drugs, X-rays, and all other regular charges) for medically necessary care in a hospital acceptable to the Plan anywhere in Canada.

(b) Medical benefits:

Insured services by physicians, whether provided in or out of hospital, are payable only at the rates applicable in Ontario. OHIP will pay the physician directly when authorized by the certificate holder, and OHIP Schedule of Benefits rates are accepted by the physician as payment in full. Claims forms containing these authorizations are available from the OHIP district offices. (See page 32.) A form is also included in the booklet "OHIP Guide for Travellers."

Outside Canada

BEFORE TRAVELLING OUTSIDE OF CANADA, IT IS RECOMMENDED THAT YOU OBTAIN PRIVATE INSURANCE COVERAGE THAT WILL PAY FOR MEDICAL COSTS NOT COVERED BY OHIP. (See

also page 26 — Additional Coverage.) The Plan will deal directly with any approved hospital outside Canada that will submit an itemized account directly. For example, many hospitals in the United States near the Ontario border and some states (e.g., Florida) will accept the OHIP certificate and bill the Plan directly. For those hospitals which do not honor OHIP coverage, the subscriber must pay the hospital. The subscriber will be reimbursed only on the submission of a hospital statement as proof of billing. A translation of bills that are written in languages other than English or French will help speed up your OHIP reimbursement.

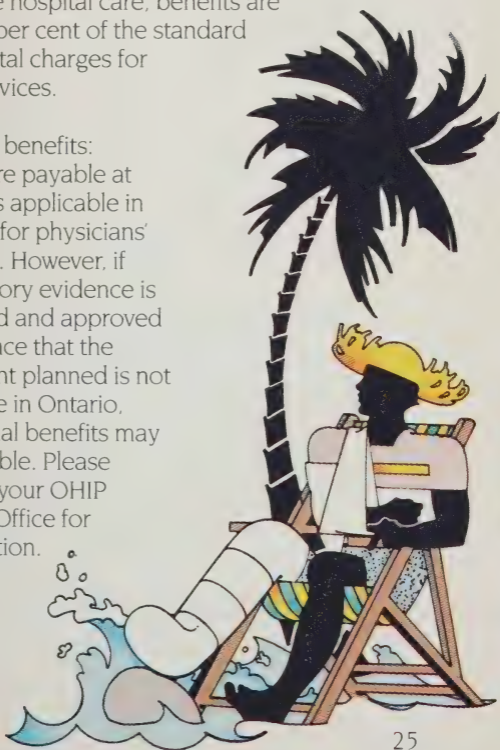
(a) Hospital benefits:

When an insured person receives treatment in a hospital acceptable to the Plan, the full hospital charges for insured in-patient or out-patient services are payable when the necessary treatment is the result of an emergency, or evidence is provided and confirmed by OHIP that treatment is not available in Ontario.

For elective hospital care, benefits are paid at 75 per cent of the standard ward hospital charges for insured services.

(b) Medical benefits:

These are payable at the rates applicable in Ontario for physicians' services. However, if satisfactory evidence is provided and approved in advance that the treatment planned is not available in Ontario, additional benefits may be payable. Please contact your OHIP District Office for information.



(c) Medical, dental and other services:

Payment for these services outside Ontario is a direct transaction between you and the physician or other practitioner. If possible, you should first check carefully into the cost of such treatment, since the Plan pays no more for these services than it pays if the same services were received in Ontario. Please note that benefits are not provided for care in health spas and similar facilities.

To apply for reimbursement, you should obtain an itemized account (copies are acceptable only if notarized) from the physician or other practitioner and forward the original claims, retaining a copy for yourself, to your local OHIP office (see page 32), making sure that all of the following information is included:

- physician's or other practitioner's name
- subscriber's last name and initials
- subscriber's OHIP number
- subscriber's Ontario address and, if different, address to which payment should be sent
- patient's first name
- patient's birth date
- patient's sex
- details of service provided
- diagnosis
- dates of services
- number of services
- fee per service, and total fee charged
- hospital name — if applicable
- date of admission — if applicable
- referring physician's name — if applicable

You are responsible for payment of any difference between the out-of-province bill and amount allowed by the Plan.

Additional coverage

The costs of medical services outside of Ontario, especially in the United States, are almost always much higher than those in Ontario. As OHIP can only reimburse your medical bills at the same rates as paid in Ontario, *it is suggested that additional coverage be purchased when travelling outside of Canada.* Various

private (non-government) companies offer coverage for such purposes. Your travel agent may be able to advise you on the availability of such insurance.

Also, if you are planning a trip out of Ontario, obtain the booklet, OHIP Guide for Travellers, from your travel agent or any office of the Plan.

TEMPORARY ABSENCE FROM ONTARIO

Under certain circumstances, residents may arrange to continue in the Plan while living temporarily outside Ontario. Apply to the Plan for details, stating the reason for your absence and its expected duration if more than three months.

IF YOU LEAVE ONTARIO

If you leave Ontario to take up residence elsewhere, you may continue your OHIP coverage until other health insurance becomes effective, or up to the first day of the fourth month after you leave Ontario — whichever comes first.



VISITORS TO ONTARIO

Tourists, transients and visitors to Ontario are not eligible to enrol in OHIP.

Your out-of-province friends and relatives are not covered by the Ontario Health Insurance Plan during their stay in Ontario. Private insurers offer short-term insurance coverage for non-residents during visits to Ontario.

HOW ARE YOUR BILLS PAID?

Please . . . always quote your Ontario Health Insurance number when contacting the Plan.

Hospital bills

The Plan will pay directly the insured costs of in-patient and out-patient care provided in an approved hospital anywhere in Canada. By an interprovincial agreement designed to relieve subscribers of paying costly hospital charges, OHIP can settle the account with the province where the service is rendered. If for any reason you do pay the account, send your itemized, receipted invoice to your local OHIP office for reimbursement.

Physicians' and optometrists' bills

Most Ontario physicians and optometrists have elected to submit claims for insured services directly to the Plan and to accept the Plan's benefits as full payment. If physicians or optometrists have chosen to bill their patients, they will complete a pay subscriber claim card and forward it to the nearest OHIP office. (See page 32.) In such cases, you will be responsible for any difference between the amount allowed by the Plan and the amount charged.

Other practitioners' bills

Other health practitioners may or may not bill the Plan directly for insured services, but are required to submit a claim card on behalf of the patient. In either case, you will be responsible for any difference between the amount allowed by the Plan and the amount charged by the practitioner.

Physicians' fees

Ontario physicians must comply with regulations under the Health Disciplines Act, 1974. Physicians are not permitted to:

- require payment for an insured service under OHIP as a condition to be met before completing a claim card;
- require payment for an insured service under OHIP before providing an itemized account of the services where a request is made; or
- charge a fee that is in excess of the fee listed in the current OHIP Schedule of Benefits without prior notification to the patient as to the excess of the fee.

For more information please write to:

The College of Physicians and Surgeons
of Ontario
80 College Street
Toronto, Ontario M5G 2E2

Fees of other health practitioners

If there are disputes arising over fees for services performed by dentists, chiropractors, chiropodists, osteopaths or optometrists, such cases should be reported in writing to the particular organization concerned:

Complaints Committee
The Royal College of Dental Surgeons
of Ontario
230 St. George Street
Toronto, Ontario M5R 2N5

Complaints Committee
Board of Directors of Chiropractic
20 Prince Arthur Avenue, Suite 15D
Toronto, Ontario M5R 1B1

Complaints Committee
Board of Regents of Chiropody/Podiatry
3101 Bloor Street West, Suite 205
Toronto, Ontario M8X 2W2

Complaints Committee
Board of Directors of Osteopathy
45 Richmond Street West, Suite 401
Toronto, Ontario M5H 1Z2

Complaints Committee
The College of Optometrists of Ontario
40 St. Clair Avenue West, Suite 908
Toronto, Ontario M4V 1M2

In situations where it appears that unnecessary or excessive numbers of services have been rendered, or there is concern that claims may have been submitted to OHIP when services were not rendered, the patient should write, providing all details and including the OHIP number, to:

Professional Services Branch
Health Insurance Division
P.O. Box 48
Kingston, Ontario K7L 5J3

Inquiries about all other aspects of individual claims should be referred to your local OHIP district office, the address of which is listed on page 32. Always quote your Ontario Health Insurance number when contacting the Plan.

ONTARIO'S DRUG BENEFIT FOR SENIOR CITIZENS

Who is eligible

If you are age 65 or older and have resided in Ontario as a Canadian citizen or as a landed immigrant for 12 consecutive months, you are eligible for Drug Benefit. An Ontario Senior Citizen Privilege card is issued to identify you as being eligible for Drug Benefit. Whether you are enrolled automatically or you apply directly for Drug Benefit, coverage is not effective on your 65th birthday, but on the date which is shown on the card.

Automatic enrolment

If you receive the federal government Old Age Security Pension you will automatically receive a numbered Senior Citizen's Privilege card effective the first of the month following receipt of your first pension cheque.



Application for senior citizen privilege card

Application may be made to the Drug Benefit Plan if you are age 65 or over and have resided in Ontario for 12 consecutive months (as a landed immigrant or Canadian citizen). If you have applied for the Old Age Security pension and wish Drug Benefit coverage for the first of the month following your 65th birthday, you must meet the 12 month residency requirement and have a Drug Benefit application approved before the end of the month in which you turn 65.

Forms may be obtained from any OHIP district office or by telephoning Drug Benefit Payments Section in Kingston at (613) 548-6552 or (416) 965-9337 (for Metro Toronto residents) or by writing:

Ontario Drug Benefit
Drug Benefit Payments Section
Ministry of Health
P.O. Box 48
KINGSTON, Ontario K7L 5J3

What medicines are covered

Those eligible will be able to receive prescription drugs free of charge, provided that:

- the drug is prescribed by an Ontario licensed physician or dentist;
- the drug is listed in Ontario's Drug Benefits Formulary; and
- the prescription is dispensed in Ontario by a participating pharmacy.

More than 2,100 quality tested drugs are listed in the Drug Benefit Formulary — enough to meet most medical needs.

However, if a physician feels it is essential to prescribe a product not listed in the formulary, special authorization may be requested to allow such a product to be dispensed as a benefit. Such requests may be made by the physician telephoning Toronto at (416) 965-6699, or Kingston at (613) 548-6590 or by writing:

Ontario Drug Benefit
Special Authorization
Ministry of Health
P.O. Box 48
Kingston, Ontario K7L 5J3

20 OHIP OFFICES

Ontario Health Insurance Plan

Please . . . always quote your Ontario Health Insurance number when contacting the Plan.

Zenith numbers are toll free. Just dial the operator and give him/her the Zenith number listed below.

Toll free number
(for surrounding area only)

Barrie*

30 Poyntz Street
L4M 3P2
Tel.: (705) 726-0326

1-800-461-7597

Hamilton

119 King Street West
L8P 4T9
Tel.: (416) 521-7100

1-800-263-2197
(From area 416)
1-800-263-2162 or
1-800-263-2187
(From Area 519)

Kenora*

100 Main Street South
P9N 1S9
Tel.: (807) 468-9554

Zenith 69100

Kingston

1055 Princess Street
K7L 5T3
Tel.: (613) 546-3811

1-800-267-0933

Kitchener*

665 King Street East
N2G 2M4
Tel.: (519) 745-8421

Zenith 96420

London

227 Queens Avenue
N6A 1J8
Tel.: (519) 433-4561

1-800-265-4703

Mississauga

201 City Centre Drive
L5B 2T4
Tel.: (416) 275-2730

Zenith 96420

Oshawa

44 Bond Street West
L1H 7R1
Tel.: (416) 576-2870

1-800-263-3814
(From Area 416)
1-800-263-3953
(From Area 705)

Ottawa

75 Albert Street
K1P 5Y9
Tel.: (613) 566-2740

1-800-267-1912

Owen Sound*

1043A 2nd Avenue East
N4K 2H8
Tel.: (519) 376-6447

1-800-265-3190
(From Area 519)

Peterborough*

139 George Street North
K9J 3G6
Tel.: (705) 743-2140

Zenith 96420

St. Catharines*

59 Church Street
L2R 3C3
Tel.: (416) 682-6658

Zenith 96420

Sarnia*

452 Christina Street North

N7T 5W4

Tel.: (519) 337-3667

Zenith 69100

Sault Ste. Marie*

205 McNabb Street

P6B 1Y3

Tel.: (705) 254-1815

Zenith 96420

Sudbury

199 Larch Street

P3E 5R1

Tel.: (705) 675-4261

1-800-461-4006

Thunder Bay

435 James Street South

P7E 6E3

Tel.: (807) 475-1351

Zenith 96420

Timmins*

38 Pine Street North

101 Mall, Suite 110

P4N 6K6

Tel.: (705) 267-1164

Zenith 96420

Toronto

2195 Yonge Street (at Eglinton)

M4S 2B2

Tel.: (416) 482-1111

Special Services Unit*

7 Overlea Blvd.

Toronto M4H 1A8

Tel.: (416) 965-1000

Windsor*

1427 Ouellette Avenue

N8X 1K1

Tel.: (519) 258-7560

Zenith 69100

* Information office only. No claims processed.

WHICH IS MY OHIP DISTRICT OFFICE?**If you live in this county, district,
region or municipality**

Algoma

Brant

Bruce

Cochrane

Dufferin

Dundas

Durham

Elgin

Essex

Frontenac

**Your OHIP
district is**

Sudbury

Hamilton

Hamilton

Sudbury

Hamilton

Ottawa

Oshawa

London

London

Kingston

Glengarry	Ottawa
Grey	Hamilton
Haldimand-Norfolk	Hamilton
Haliburton	Oshawa
Halton	Mississauga
Hamilton-Wentworth	Hamilton
Hastings	Kingston
Huron	London
Kenora	Thunder Bay
Kent	London
Lambton	London
Lanark	Ottawa
Leeds and Grenville	Kingston
Lennox and Addington	Kingston
Manitoulin	Sudbury
Middlesex	London
Muskoka	Oshawa
Niagara	Hamilton
Nipissing	Sudbury
Northumberland	Oshawa
Ottawa-Carleton	Ottawa
Oxford	London
Parry Sound	Sudbury
Peel	Mississauga
Perth	London
Peterborough	Oshawa
Prescott and Russell	Ottawa
Prince Edward	Kingston
Rainy River	Thunder Bay
Renfrew	Ottawa
Russell	Ottawa
Simcoe	Oshawa
Stormont, Dundas and Glengarry	Ottawa
Sudbury	Sudbury
Thunder Bay	Thunder Bay
Timiskaming	Sudbury
Victoria	Oshawa
Waterloo	Hamilton
Wellington	Hamilton
York (excluding Metropolitan Toronto)	Oshawa

METROPOLITAN TORONTO

Borough of East York	Toronto
City of Etobicoke	Mississauga
City of North York (north of Hwy. 401)	Mississauga
City of North York (south of Hwy. 401)	Toronto
City of Scarborough	Oshawa
City of York	Toronto
City of Toronto	Toronto

Please . . . always quote your Ontario Health Insurance number when contacting the Plan.



HOW TO CALL AN AMBULANCE

The phone number of the local ambulance service can be found in all Ontario telephone directories in the white pages under ambulance.

Keep your local number handy at home, near the phone, for use in case of an emergency.

Calling an ambulance anywhere in Ontario

If you have sudden need of an ambulance when away from home anywhere in Ontario, the local service can be called in exactly the same way. In urgent cases when for any reason this course cannot be followed:

1. Dial O for operator.
2. Ask for Zenith 90000.
3. When you have been connected, state where the ambulance is needed.

Zenith 90000 does not replace the normal telephone number of the local ambulance service, and is intended for use only when you do not have a local listing.

Have your OHIP number with you at all times. You will be asked for it.

OHIP NUMBER _____

Emergency phone numbers:
(for you to fill in and keep handy)

DOCTOR _____

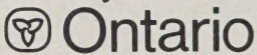
HOSPITAL _____

**POISON INFORMATION
OR CONTROL CENTRE** . . _____

DENTIST _____

POLICE _____

Ministry of Health



Ontario

Keith C. Norton, Minister